



SAMPLES TAKEN Date: ____/____/____ (yyyy/mm/dd) Time of day ____:____ Date sent ____/____/____ (yyyy/mm/dd)

SUBMITTED BY Veterinarian Owner Other BILL Veterinarian Other

Important. Please read. Contact Information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL"). Agricultural animal testing carried out through AHL is subsidized by the Government of Ontario. By submitting samples for testing to AHL, the submitter acknowledges that s/he is the owner or is a duly authorized agent of the owner. The submitter acknowledges and agrees that AHL may share test results and contact information as it deems necessary for the purposes of relevant legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Ontario.

Clinic No.	Owner unique ID (max. 40 characters) _____
Clinic	Premises ID _____ Farm postal code _____
Address	Postal code _____
City	Phone _____
Veterinarian	Species <u>EQUINE</u> Animal ID _____
Email	Breed _____
	Age: ____ d ____ w ____ m ____ y Sex M F MN

History and lesion description (Clinical signs, lesion location/distribution/size/appearance, onset/duration of problem, current drug therapy, vaccinations)	Weight ____ kg.	<input type="checkbox"/> Rabies suspect?
	Duration of problem: ____ days ____ weeks ____ months ____ years	<input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____
Clinical diagnosis		<input type="checkbox"/> STAT (Additional charges apply)

CLINICAL PATHOLOGY	Endocrinology, Special Chemistry	BACTERIOLOGY	MYCOPLASMOLOGY	TOXICOLOGY	HISTOPATHOLOGY	VIROLOGY	PARASITOLOGY	OTHER TESTS REQUESTED	# SPECIMENS																								
Biochemistry <input type="checkbox"/> Biochem. profile equine <i>eprf</i> <input type="checkbox"/> Hepatic health profile <i>hplmp</i> <input type="checkbox"/> Pre-surgical profile <i>pslmp</i> <input type="checkbox"/> Renal health profile <i>mlmp</i> <input type="checkbox"/> Albumin <i>alb</i> <input type="checkbox"/> ALP <i>sap</i> <input type="checkbox"/> AST <i>ast</i> <input type="checkbox"/> Bile acids, single <i>bilss</i> <input type="checkbox"/> Bilirubin, conjugated <i>cbil</i> <input type="checkbox"/> Bilirubin, total <i>tbil</i> <input type="checkbox"/> Calcium <i>ca</i> <input type="checkbox"/> Cholesterol <i>chol</i> <input type="checkbox"/> Creatine kinase (CK) <i>ck</i> <input type="checkbox"/> Creatinine <i>creat</i> <input type="checkbox"/> GGT <i>ggt</i> <input type="checkbox"/> Glucose <i>gluc</i> <input type="checkbox"/> GLDH <i>glgdh</i> <input type="checkbox"/> Iron & TIBC <i>fetib</i> <input type="checkbox"/> Magnesium <i>mg</i> <input type="checkbox"/> Na, K, Cl <i>lyte</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Osmolality <i>osm</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Phosphorus <i>p</i> <input type="checkbox"/> Total protein <i>tp</i> <input type="checkbox"/> Triglycerides <i>trig</i> <input type="checkbox"/> Urea (BUN) <i>urea</i> Coagulation <input type="checkbox"/> Profile1 (PT, PTT) <i>ptptt</i> <input type="checkbox"/> Profile 3 (PT, PTT, Fib) <i>coag3</i> <input type="checkbox"/> Fibrinogen <i>fib</i>	<input type="checkbox"/> ACTH <i>acth</i> <input type="checkbox"/> Cushing's profile 3 (ACTH, glucose, ft4d) <i>cuft</i> <input type="checkbox"/> Equine PPID (Cushing's) profile - ACTH, glucose, insulin (Cushing's panel = frozen EDTA plasma & serum) <i>cuin</i> <input type="checkbox"/> Electrophoresis <i>elphr</i> <input type="checkbox"/> serum <input type="checkbox"/> urine <input type="checkbox"/> Foal IgG - CITE ELISA <i>c-igg</i> <input type="checkbox"/> Insulin <i>ins</i> <input type="checkbox"/> Insulin & glucose <i>insgluc</i> <input type="checkbox"/> Progesterone <i>p4</i> <input type="checkbox"/> Serum amyloid A (SAA) <i>saa</i> <input type="checkbox"/> Thyroid, total T4 <i>tt4</i> <input type="checkbox"/> Thyroid profile 1 (ft4d, tt4) <i>tp1</i> <input type="checkbox"/> Thyroid, free T4 by dialysis <i>ft4d</i> Urinalysis Type: <input type="checkbox"/> free flow <input type="checkbox"/> cystocentesis <input type="checkbox"/> catheterized <input type="checkbox"/> Routine urinalysis <i>urin</i> <input type="checkbox"/> Na, K, Cl creat., Ca, P <i>uchem</i> <input type="checkbox"/> Urine protein: creatinine. ratio <i>upcr</i> <input type="checkbox"/> Myoglobin electrophoresis <i>urmye</i> <input type="checkbox"/> Fecal occult blood <i>foc</i> Hematology <input type="checkbox"/> CBC, comprehensive <i>cbc</i> <input type="checkbox"/> Coombs' test, direct <i>coomd</i> <input type="checkbox"/> Crossmatch, setup <i>crx</i> <input type="checkbox"/> # ____ donors (Crossmatch) <i>crxeq</i> Cytology Site: _____ <input type="checkbox"/> Cytology smears <i>cytsm</i> <input type="checkbox"/> Cyto. fluids (inc. CSF) <i>cyto</i> <input type="checkbox"/> Cytology, bone marrow <i>bm</i>	Site: _____ <input type="checkbox"/> Anaerobic culture <i>ancun</i> <input type="checkbox"/> Anaerobic & aerobic culture <i>ancultn</i> <input type="checkbox"/> Bacterial culture, fecal <i>cultnf1</i> <input type="checkbox"/> Culture & susceptibility <i>cultn</i> <input type="checkbox"/> C. difficile toxins - ELISA <i>clodn</i> <input type="checkbox"/> C. perfringens - ELISA <i>clp</i> <input type="checkbox"/> C. difficile - culture <i>cdifn</i> <input type="checkbox"/> Gram stain <i>gram</i> <input type="checkbox"/> Lepto. screen - MAT <i>leptmatn</i> <input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i> <input type="checkbox"/> Lawsonia intracellularis - PCR <i>lapcn</i> <input type="checkbox"/> Mycology - fungal culture <i>myc</i> <input type="checkbox"/> Streptococcus equi - PCR <i>sequi</i> PARASITOLOGY <input type="checkbox"/> Fecal egg count (McMas) <i>fecm</i> <input type="checkbox"/> Fecal egg count (Wisc.) <i>fecw</i> <input type="checkbox"/> Fecal flotation <i>flote</i> VIROLOGY <input type="checkbox"/> Eq. arteritis virus - PCR <i>eavrt</i> <input type="checkbox"/> Eq. arteritis virus - VN <i>eav</i> <input type="checkbox"/> EEEV IgM ELISA <i>xeeevme</i> <input type="checkbox"/> EEEV - PCR <i>eeepn</i> <input type="checkbox"/> Eq. herpesvirus 1 - PCR <i>ehv12</i> <input type="checkbox"/> Eq. herpesvirus 1/4 - VN <i>evr</i> <input type="checkbox"/> Eq. herpesvirus 2 - VN <i>eh2</i> <input type="checkbox"/> Equine rhinitis A virus - VN <i>er1</i> <input type="checkbox"/> Equine rhinitis B virus - VN <i>er2</i> <input type="checkbox"/> Influenza A antibody - ELISA <i>aifem</i> <input type="checkbox"/> Influenza A, matrix - PCR <i>inflpcr</i> <input type="checkbox"/> Respiratory panel - VN (evr, eh2, er1, er2, h7n7hi, h3n8hi) <i>respe</i> <input type="checkbox"/> Rota/coronavirus - PCR <i>rocopcr</i>	<input type="checkbox"/> WNV - PCR <i>wnvpr</i> <input type="checkbox"/> WNV - IgM ELISA <i>xwnveq</i> MYCOPLASMOLOGY <input type="checkbox"/> Lyme disease - PCR <i>lyPCR</i> <input type="checkbox"/> Mycoplasma culture <i>mcultn</i> <input type="checkbox"/> Potomac horse fever - PCR <i>phfpc</i> TOXICOLOGY <input type="checkbox"/> Feed additives screen (monensin, narasin, salinomycin) <i>scrfa</i> <input type="checkbox"/> Min. panel, heavy metal (Sb As Be B Cd Co Cr Cu Fe Pb Hg Mg Mn Mo Ni Se Sn Tl Zn) <i>hmssc</i> <input type="checkbox"/> Selenium, serum <i>tsems</i> <input type="checkbox"/> Vitamin E, serum <i>vite</i> HISTOPATHOLOGY <input type="checkbox"/> Histopathology <i>histem</i> <input type="checkbox"/> Tumor margin evaluation (biopsy > 2cm) <i>histt</i> Lesion location: View <input type="checkbox"/> Dorsal <input type="checkbox"/> Ventral OTHER TESTS REQUESTED (See Fee schedule for complete listing)	<input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____ <input type="checkbox"/> STAT (Additional charges apply)	# SPECIMENS <table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>Whole blood</td> <td>_____</td> </tr> <tr> <td>Serum</td> <td>_____</td> </tr> <tr> <td>EDTA</td> <td>_____</td> </tr> <tr> <td>Cit. Na.</td> <td>_____</td> </tr> <tr> <td>Urine</td> <td>_____</td> </tr> <tr> <td>Feces</td> <td>_____</td> </tr> <tr> <td>Fresh tissue</td> <td>_____</td> </tr> <tr> <td>Fixed tissue</td> <td>_____</td> </tr> <tr> <td>Fluid</td> <td>_____</td> </tr> <tr> <td>Scrapings</td> <td>_____</td> </tr> <tr> <td>Slide</td> <td>_____</td> </tr> <tr> <td>Swab</td> <td>_____</td> </tr> <tr> <td>Other:</td> <td>_____</td> </tr> </tbody> </table> List: _____	Sent	Received	Whole blood	_____	Serum	_____	EDTA	_____	Cit. Na.	_____	Urine	_____	Feces	_____	Fresh tissue	_____	Fixed tissue	_____	Fluid	_____	Scrapings	_____	Slide	_____	Swab	_____	Other:	_____
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Swab	_____																																
Other:	_____																																
RECEIVED BY _____								VIA <input type="radio"/> Courier <input type="radio"/> Drop-off <input type="radio"/> Mail <input type="radio"/> Other																									

Any questions? Please contact the lab.
 Email: ahinfo@uoguelph.ca
 Website: <http://ahl.uoguelph.ca>
 AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961
 AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324

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 Attn: Specimen Reception

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Laboratory Services Division
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